

SCJA 23 Rev. 5/98		FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN UNITED STATES		<input checked="" type="checkbox"/> MAGISTRATE	<input type="checkbox"/> DISTRICT
		<input type="checkbox"/> APPEALS COURT or	<input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE OF		FOR	LOCATION NUMBER
US		So Dist. of Ill. 2013	
Boswell		AT	E. St. Louis
PERSON REPRESENTED (Show your full name)		<input checked="" type="checkbox"/> Defendant—Adult <input type="checkbox"/> Defendant - Juvenile <input type="checkbox"/> Appellant <input type="checkbox"/> Probation Violator <input type="checkbox"/> Parole Violator <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> 2255 Petitioner <input type="checkbox"/> Material Witness <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box →)		DOCKET NUMBERS	
18 USC 922(u), 922(g)(1)		<input checked="" type="checkbox"/> Magistrate <input checked="" type="checkbox"/> District Court <input type="checkbox"/> Court of Appeals	
		19-30048-SMY	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment <u>02/2019</u> How much did you earn per month? \$ <u>12.00 per hour</u>
		IF married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		RECEIVED	SOURCES
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		VALUE	DESCRIPTION
		IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>0</u>	List persons you actually support and your relationship to them _____ _____ _____	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
			<u>Δ is currently without home</u>	\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

04-18-19

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)
